

**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
email: ethics@hawaiiethics.org

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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

|   |  |         |            |           |
|---|--|---------|------------|-----------|
| <b>PART I LOBBYIST</b>  |  |         |            |           |
| NAME (Last)   |  | (First) | (Middle)   | TELEPHONE |
| Toyofuku  |  | Robert  | S.         | 524-4155  |
| MAILING ADDRESS (Street)  |  |         |            | FAX       |
| 1000 Bishop St., # 902  |  |         |            | 524-0573  |
| (City)  |  | (State) | (Zip Code) |           |
| Honolulu  |  | HI      | 96813      |           |
| EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) |  |         |            | TELEPHONE |
| Advocates   |  |         |            | same      |
| MAILING ADDRESS (Street)  |  |         |            | FAX       |
| same  |  |         |            |           |
| (City)  |  | (State) | (Zip Code) |           |
|   |  |         |            |           |

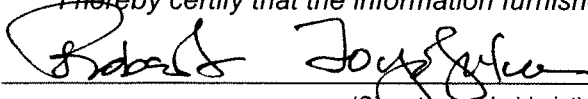
|  |  |         |                              |
|--|--|---------|------------------------------|
| <b>PART II ORGANIZATION</b>  |  |         |                              |
| NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)                         |  |         | TELEPHONE                    |
| American Heart Association   |  |         | <del>538-7024</del> 457-4954 |
| MAILING ADDRESS (Street)   |  |         | FAX                          |
| 677 Ala Moana Blvd., # 600   |  |         | 538-3443                     |
| (City)   |  | (State) | (Zip Code)                   |
| Honolulu   |  | HI      | 96817                        |
| NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT |  |         | TELEPHONE                    |
| Don Weisman  |  |         | 457-4954                     |
| MAILING ADDRESS (Street)   |  |         | FAX                          |
| 677 Ala Moana Blvd., # 600   |  |         | 538-3443                     |
| (City)   |  | (State) | (Zip Code)                   |
| Honolulu   |  | HI      | 96817                        |

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Agriculture                               | <input checked="" type="checkbox"/> Education           | <input type="checkbox"/> Human Services                                     | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities         | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation                       |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs               | <input type="checkbox"/> Labor & Employment                                 | <input type="checkbox"/> Transportation                             |
| <input type="checkbox"/> Culture, Arts, Historic Preservation      | <input checked="" type="checkbox"/> Health              | <input type="checkbox"/> Planning, Land & Water Use Management              | <input type="checkbox"/> Other: (indicate below)                    |
| <input type="checkbox"/> Ecology, Energy Environmental Protection  | <input type="checkbox"/> Housing                        | <input type="checkbox"/> Public Safety & Corrections                        | _____   |

**PART IV CERTIFICATION OF LOBBYIST**

*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

  
(Signature of Lobbyist)

January 2, 2007  
(Date)

**PART V AUTHORIZATION TO LOBBY**

|                     |   |
|---------------------|---|
| NAME<br>Don Weisman | TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED<br>Government Affairs Director |
|---------------------|---|

NAME OF ORGANIZATION (if applicable)  
American Heart Association

TELEPHONE

~~538-7821~~  
457-4954

MAILING ADDRESS (Street)  
677 Ala Moana Blvd., # 600

FAX

538-3443

(City)

Honolulu

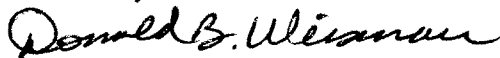
(State)

HI

(Zip Code)

96810-3

*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*



(Signature of Authorizing Officer or Person Represented)

1/10/07

(Date)